

CLAIMS ONLY							Application Number 09/763914		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/										
2		/									
3		/									
4		/									
5		/									
6		/									
7		/									
8		/									
9		/									
10		/									
11		/									
12	/	/									
13		/									
14		/									
15		/									
16		/									
17		/									
18		/									
19		/									
20		/									
21		/									
22		/									
23		/									
24		/									
25		/									
26		/									
27		/									
28		/									
29		/									
30		/									
31		/									
32		/									
33		/									
34		/									
35		/									
36		/									
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
Total Indep	2										
Total Depend	34										
Total Claims	36										
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											
62											
63											
64											
65											
66											
67											
68											
69											
70											